

State Form 4606 (R9 /11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes No

(CFA-4) Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFO	RMATION		
Full name of committee (as on Statement of Organization)	me	STATES OF THE STATES IN CO.	TA BUILDING WAS
Re-Elect Connie Yearson			
Acronym or abbreviated name, if any	3. Committee tele	phone number	andmun ett bland a
probates crucing in most productions broad for victors in 1975 for many	(317)	758-5344	
. Mailing address (address where all campaign finance correspondence is received)	Check if this is a new as	idress	I are notice removal.
406 E 5 th St.			arios beriosolo igra gi
City, state, ZIP code	6. Party affiliation		
Sheridan In 46069		iblican	of betterday reta
CANDIDATE INFORMATION (For Ca			
Full name of candidate (include any nickname)	8. Party affiliation		
Connie Jean Pearson		oublican	
Office sought (Include district number, if any. Not required for exploratory committee.)	10. County of resi		
Clerk-Treasurer	1 +14	milton	
TYPE OF REPORT		CONTRACTOR DESCRIPTION OF THE PERSON NAMED IN COLUMN 1	N CANDIDATES ON
. Check one:	(hadman should	Check one:	
Pre-Primary Pre-Election Annual Final / Disbands Committee (lines 18, 19,	and 20 must be "0")	Pre-Convention	
Outgoing Treasurer (within 10 days amend Statement of Organization)	68	Post-Convention	The same of the sa
2. Reporting period: From: 2-13-03 Through: 10-10-	0.2	COLUMN A This Period	COLUMN B Year to Date
From: 2-13-03 Through: /0-10-	05	- ⊕ -	real to but
4. Cash on hand and investments January 1, current year.			
CONTRIBUTIONS AND RECEIPTS	get a training to the	and was properly to the to	-0-
(Note: these amounts include in-kind contributions and loans, as well as cash co	200		
	nuibulions.)	THE RESERVE OF THE PARTY OF THE PARTY.	RESERVED TO SERVED TO SERV
15a Itemized (use Schedule A)		0	0
15a. Itemized (use Schedule A) 15b. Unitemized	etablishmen million	0	0
15b. Uniternized	SUBTOTAL		
	SUBTOTAL TOTAL	-0-	0
15b. Uniternized 15c. Add lines 15a, and 15b in both columns		-0-	0
15b. Unitemized 15c. Add lines 15a, and 15b in both columns 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B		0	ф р ф
15b. Unitemized 15c. Add lines 15a, and 15b in both columns 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B EXPENDITURES		-0-	0
15b. Unitemized 15c. Add lines 15a, and 15b in both columns 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B EXPENDITURES (Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (use Schedule B) (Public Question: use Schedule C)		0	ф р ф
15b. Unitemized 15c. Add lines 15a, and 15b in both columns 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B EXPENDITURES (Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (use Schedule B) (Public Question: use Schedule C)		400	0000
15b. Uniternized 15c. Add lines 15a, and 15b in both columns 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B EXPENDITURES (Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (use Schedule B) (Public Question: use Schedule C) 17b. Uniternized 17c. Add lines 17a and 17b in both columns	SUBTOTAL	400	000
15b. Uniternized 15c. Add lines 15a, and 15b in both columns 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B EXPENDITURES (Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (use Schedule B) (Public Question: use Schedule C) 17b. Uniternized	SUBTOTAL	400	000

Signature on File

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-18.)





State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repsyments, refunds, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

	FILE NUMBER	
CHI HAR	A THACA PERCH	DESCRIPTION.
Page	of	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. Sover \$100 with a calendar year (\$200 if regular party	Contributions: Direct In-Kind (describe)	dress of all on the have poid it	and mailing a cludes entities	or the full carry smittee). This is
Contributor's Occupation (if required)	Far de la	0	te not notice obtains negtive	CUPATION cupation into PORTANT:
2 Image set edizonal described and contributions described the general account of miscellaneous, he as specific as possible.	Contributions: Direct In-Kind (describe)	MONTO NO	SILT TURKS	Suct of Service LUMN A AR
Contributor's Occupation (if required)	Other Receipts: Interest □Loan Misc (specify)	-	SWITAJUM	LUMN B CU
3. It the same as the entry in Column A.	Contributions: Direct In-Kind (describe)	calendar y	O: Enter the or	the first ra
Contributor's Occupation (if required)	Other Receipts:	0	0	dbuttone are CEIVED BY
Schedule A. If there is only one page of this Schedule.	Contributions: Direct In-Kind (describe)	CHEDULE A	PAGE OF S	TOTAL THE
Contributor's Occupation (if required)	Other Receipts: Interest □Loan Misc (specify)	no enugê sid v	O-	elisa no asgas
s	Contributions: Direct In-Kind (describe)		6	,
Contributor's Occupation (if required)	Other Receipts: Interest □Loan Misc (specify)			
		0	0	
TOTAL OF ALL PAGES OF SCHEDU (Enter total on ITEM 15a of the Sum	ILE A ON THE LAST PAGE ONLY	s ϕ		



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER					
sample, *Pa	omplete this schedule. For a				
15 6 6 5 75 12 1	594 X 01 - 10 10 PKY 1 10 10 7 1 1				
Page	of				

1.	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED
	(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
1.	the over \$100 wilds a calendar year (\$200 it regular party	Contributions: Direct In-Kind (describe)	nao ilg ilo astati a bisve pasti or	bs politon bro waetike sebu	eman Bul edin on and Lestin
	nutuations and to man but and but of evelunation.	Other Receipts: Interest □Loan Misc (specify)	-0-	0	ORTANT:
2	stc.) For 'misca laneous', be as apecific as pusable:	Contributions: Direct In-Kind (describe)	as yans signs	SUNT THUS	act of service
		Other Receipts:	IG-OT-FAE	EULATIVE Y	EUD EI MANN Med-cl-seev vol
3.	. We can see the entry of the entry of the column by	Contributions: Direct In-Kind (describe)	catendar ye	ort of each	ha diet rap E RECEIVS
	or deposited in an account. For cash contributions, the second in an account. contribution for the committee. (IC 3-9-1-25)	Other Receipts:		name terres	ens ens en ElVEQ BY
4	s of Schedule A, I from is only one page of this Schedule	Contributions: Direct In-Kind (describe)	OF ALL PAGE	JATOT mil zs	smus ett si en.
		Other Receipts:	m sugi siti	are call. A si	
5.		Contributions: Direct In-Kind (describe)			
		Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)	0	0	
	SUB TOTAL	THIS PAGE OF SCHEDULE A	\$ 0		
	TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITEM 15a of the Summa	A ON THE LAST PAGE ONLY	A		
	(Enter total on 11 EM 15a of the Summa	iry sneet)	\$ -		Colonia de Calonia



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER						
T spigma	s schedule, For me	drti aleigmo				
DAM ON	A REAR ERO	TURISTIA				
Page	of					

	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	riots over \$100 within a calendar year (\$200 if regular party	Contributions: Direct In-Kind (describe)	ge ils to assub	ia griffsin bha	r the full name
		Other Receipts: Interest Loan Misc (specify)	0	0	ORTANT
2	a, etc.): For "misce languag", be as apacific as possible.	Contributions: Direct In-Kind (describe)	as yerd signs	provided (suct	ed or service
		Other Receipts: Interest I Loan Misc (specify)	РЕАВ-ТО-В	EVITAJUK	UNIN B CUI
3.	nn B le the saide as the entry in ColumnyA.	☐ Direct ☐ In-Kind (describe)	calendar y	ort of esci. D: Emerine o	the first rey E RECEIVE
		Other Receipts: Interest I Loan Misc (specify)		n vo Xaria ori neriw boolean orii rein 3 1	EIVED BY
4.	ign of Schoolub A. I Store is only one page of this Schoolubs. ONLY: Enter (OW I HE LAST PAGE ONLY) the total amount	Contributions: Direct In-Kind (describe)	OF ALL PAGE	PADE UP TOTAL	NOTAL THE SOUR DE SEMI AL OF ALL I
		Other Receipts:	e this figure or	ene celA A situ	
5.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Misc (specify)	0	0	
	SUB TOTAL T TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM 15a of the Summary	ON THE LAST PAGE ONLY	s o		



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfersin and in-kind contributions regardless of the amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER					
	nort authorities acut mercus				
uir gas	TRANSPORT PROBE	10			
Page	of	_			

	CONTRIBUTOR'S FULL NAME AND FULL MAILING	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED
8	ADDRESS	OR OTHER RECEIPT	AMOUNT THIS PERIOD	YEAR-TO-DATE	RECEIVED BY
1.	(street, number, city, state, ZIP code)	Contributions: Direct In-Kind (describe)	dres of sech	and making at contriblee (can less of amoun	easo fut orb ves facilities o med opper backness
		Other Receipts: Interest Loan Misc (specify)	0	0.	men iki net ve
2		Contributions: Direct In-Kind (describe)	bising event onw	coules andres	f girlf . (neifkus
		Other Receipts: Interest Loan Misc (specify)	0	0	PE OF COM
3.	tion, including in- and, transfera-in or other receipts for this	Contributions: Direct In-Kind (describe)	PERIOD: S	STATE OF THE	LUMBIA A AL
	A simple same as the entry in Column A	Other Receipts:	0	0	is-ci-esey espon the first or
4.	of or deposited in an account. For cash contributions, this or deposited in an account.	Contributions: Direct In-Kind (describe)	soney order, M cash is acc	the check or a received whe	svieum éstim ers analtuant
		Other Receipts:		⊕	HT LAYOTS
5.	MLY: Enter (OX THE LAST PAGE DWLY) the local persons not.	Contributions: Direct In-Kind (describe)	EUUCEROS Estados figures	PAGES UP	ALA, NO LIAS 653 no Regag
		Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)	A	4	
	SUB TOTA	L THIS PAGE OF SCHEDULE A	5 0		
	TOTAL OF ALL PAGES OF SCHEDUL	E A ON THE LAST PAGE ONLY	^		
	(Enter total on ITEM 15a of the Summ	lary Sheet)	\$		SE STREET, CO



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributior, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of the amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE NUMBER	· ·
4" pigmexe	suinedule. For	akti etalgened
Page	of	EJERN IN

	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
1.	municipant IA members a benjaga s still utto oniboor si	Contributions: Direct In-Kind (describe)	g does k, page	se gollein bra	eman RV skt se
		all miles as a second or manager	settimmoo sist	cibreo estim	smo kotilog s f
		Other Receipts: Interest □Loan Misc (specify)	-	-	.frita
2	pts over \$100 within, a calendar year (\$200 if regular party	Contributions: Direct In-Kind (describe)	dress of all cost to have paid a	is gallism bas realitae sobid	emin ful ort v svi avi7 (session
		Other Receipts: Interest □Loan □Misc (specify)	-0-	-0	ORTANT:
3.	And about to subseque as 60 , faucuno about 16年 にたい (・	Contributions: Direct In-Kind (describe)	es :901594	SHIT THUC	BIA A KBIU.
	etouser recise or ni-stetenest transfer in or other recepts A mercial of the case are the active in Column to	Other Receipts:	0.01.943		UMN B CU dar year-to-dai
4.	swed. For chadicy and makey onters indicate the date the set or deposited to an account. For cook contributions, the	Contributions: Direct In-Kind (describe)	onth, day, and	D: 6 star the a	E RECEIVE
	e contribution for the committee (IC. 3-9-1-15) ge of Schedule A. forem is dry one page of this Schedule.	Other Receipts: Interest I Loan Misc (specify)	-0	0	EIVED BY
5.	NLY: Enser (ON THE LAST PAGE ONLY) the tipot emount	Contributions: Direct In-Kind (describe)	CHEDULE A	AGES OF S	AL OF ALL!
		Other Receipts: Interest Loan Misc (specify)	0	0	
	SUB TOTAL	THIS PAGE OF SCHEDULE A	s 0		
	TOTAL OF ALL PAGES OF SCHEDULE	A ON THE LAST PAGE ONLY	2		
	(Enter total on ITEM 15a of the Summar	ry Sheet)	5	related to the later	



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

(CFA-4 SCHEDULE B) Itemized Expenditures

	FILE	NUMBER	
		* .	
,	To-state the	ES MIN FORCE AN	DESCRIPTION OF
Page		of	EnG varie

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code STATE OF THE STATE OF	anter cut, reciding in-the II anter to a seath call to A more to determine the II A more to Cutton of the A more to Cutton of	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		to a palitical of a particular	the set to the set of
grantess to surrecting grantes and new a	Local of edge term	to help and bluesh a	0	0	asiA Anaphoni
pricest, you been virustee sees that sale and the sale of restrict each sole and the sale of the sale	To a ST Med to the service of the se	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	8	B	THORNER COS to good Marking Ar the following lie to:
Code	P is \$1 She sq OTAX ON THIS BACK ON SE	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	complete or comple	Company of the control of the contro	cannou avusce agnici verto di di chi ancasse bini il jugi terdi
ON BOHEDIA E S. DINLE B ON THE LAST PAGE ONLY:	el de Total, of all pai es of all pages of sithe	Purpose.	0	0	erelisine Types i Ingeles Cytomor
Code	t es arago ello retne ci	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		page and a recent contraction of the state. A descripting and the dwardaling	orana, reducery refrequency varie in americal top contract even func- contract Types a
Code	•	Direct In-Kind	6	0	estado Dobatos opicina bapy, la stropaga comm
		□ Direct □ In-Kind □ Payment of Debt □ Returned Contribution □ Other □ Purpose:	0	0	Radio and the Advantage of Advantage of the Advantage of
Code		Direct in-Kind Payment of Debt Returned Contribution Other Purpose:	A	Contractions Contractions Contractions	Principal solid Puncipality Matery solid Indicine Tryan D
Code		Direct In-Kind Payment of Debt Returned Contribution Other	-0	0	Nages, sale estatopets services Contract, la
		Purpose:	0	0	en inipolica environización zertifición do rigorización do rigorización
	SUB TOTAL THE	S PAGE OF SCHEDULE B	\$ 0	er - ur + 12 17	e enge
TOTAL OF ALL (Enter total on	PAGES OF SCHEDULE B O	N THE LAST PAGE ONLY	s O		*



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES

For Public Questions

	FILE NUMBER	
region as	ATTENDED OF DISEASE OF SAL	MARINE DI
Page	of	

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

Enter Text of Public Question		PUBLIC QUESTION INFORMATION		for this solved.	o pages used
uestion if exact language has					
Type of Question: ☐ Statewide ☐ Loc Position: ☐ Supported ☐ Opposed	al	t the public question is statewide or i	BURNOM BURNO	pringta box mail	hack the appro
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF EXPENDITURE	PURPOSE OF EXPENDITURE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Inomeasudmies vos	Direct	f sependiture.	eck the type of	NOTTURE: CH	PE OF EXPE
.boheq	□ In-Kind	the amount of each expanditure for	ø	0	DLUMN A AM
date. ng guidalines to determine the	□Direct	day, and year of the expenditure. U	rthom erthe	NOTFURE: En	ATE OF EXPE oper date to u
	□ In-Kind		0	0	
v.E.	Direct				
	□In-Kind		0	.0	_
g a check in the	□Direct	USE The date the bill was actually pair	E Ilid to 1	PO Paymer	
	□In-Kind	mail or tendaring cash in person.	0	0	
.bebiso	□Direct			babi-ni	
	□In-Kind		0	0	
figre is only one	Direct	Enter the subtotal for this page of Se a the TOTAL OF ALL PAGES ON 8	to suscept	I PAGE OF SE	EHT LIATOTE
oni (GIAO BDA9 T	□ In-Kind	WITHE LAST PAGE ONLY: Enter (6	8	TAL OF ALL
	s	UB TOTAL THIS PAGE OF SCHEDULE C	\$ 6		
		SCHEDULE C ON THE LAST PAGE ONLY the Summary Sheet)	s A		



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE D) Debts Owed by This Committee

Page

FILE NUM	MBER
7	

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount. OWED BY the committee during the reporting period. Include all amounts owed for or to lending institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZiP code)	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
lender a full name and mailing a individual, business, leading	1635: Enter the creditors or reditor or lander may be	Ø	S RAME AN	ERORELI AL Beognud e	EDITOR'S dress. For the
LENDERS OCCUPATION:	nterest. A debt may be released as a second second as a second as	tioning or without to with or without count or any of	0	0	0
	gradit card latuer. RESS: Enter the full name	0	committee, la R'S NAME N	eristo emer OR VSKDO	e s a inuc. DORSER'S
LENDERS OCCUPATION:	troved by the committee of these of the vendor, if more weeter the cast leasure!	Misers, if the del We name and ad in, but do not o	0	0	0
disrigad for the loan. Interest	(principal), not the interpet	0	the sound us or finance of a	sins risol a	OUNT: For
LENDERS OCCUPATION:	mmoo edi ye taleee e a	olpai is treated i	10	0	0
the type of debt ower by the	iach transaction. eltes a short description of	0	irchases, etc.	sedit card p	COMMITTEE OF D
LENDERS OCCUPATION:	ntroof no "Jinuoppa ne limiten eritwil hewe trieb is	sory note," "op	-0	0	-0
s promissory note evidencing second entered in this space.	and the committee gave committee would be	0	soney from a	shi stab	e committe loan, the
ENDERS OCCUPATION	g charge plan, the data p	it card or revolvis rare.	10	0	0
principal of any loan received an a loan is considered an areal transportions, list	ent no bisgen need est is egening of the principal est filmmon you. E elube	0	FO-DATE: Error of this reco	SAEY GLAS	SVITAJUN dimmoo ed
ENDERS OCCUPATION:	osi to invams eril talne	d teauer. Do not	0	0	0
owed by the committee, You in each report until the debt g balance to the medit curd	owed by the committee	0	THIS PEROD outstanding b thee could's	BALANCE report the Porcemia	TSTANDING at continue to etimo disches
ENDERS OCCUPATION:	ion in this column.	Vendor transport	0	0	0
SES ON SCHEDULE D.	TOTAL OF ALL PA	SUB TOTAL	L THIS PAGE OF	SCHEDULE D	s &
9 of the Summary Sheet.		PAGES OF SCHEDULI		PAGE ONLY	s. 0



(CFA-4 SCHEDULE E)
DEBTS OWED TO THIS COMMITTEE

State Form 4606 (R9 / 11-99)
Indiana Election Commission (IC 3-9-5-14)
Approved by State Board of Accounts 1999

	FILE NUMBER	FILE NUMBER				
	. /	+				
	,					
100	of .					

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts, loans, regardless of amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

BORROWER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code) (street, number, city state, ZIP code)	ORIGINAL AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
in complete title et haddle. For exemple, je of two pages us at for this senedule.		e number ans this pa	o indicate di 2.º This me	Board, All Page 2 o
ster the full name and mailing address of a loan within the reporting period.	committee has give	1	0	0
ter the full name a rd mailing address of all the loan made by the reporting committee	-	AND MAR co-endoner er entity.	er's NAME , co-signera ed by anoth	CO-SIGN co-maken was secus
eporting committee initially loaned to another	vincipal amount the	0	0	0
collected by the reporting committee. This	O	nter the na otion of the	OF DEBT: E	NATURE requires a
y, and year that ir filst loan of credit was	Enter the month, da	0	-0-	Ò
emount of principal repaid to the committee debt owed to the committee is treated raid to the reporting committee on a loan. Id is elso to be treated as a receipt and		Ð	GIAS SVI	0
outstanding balance of the debt to be the outstanding balance of the debt to be at its extinguished.	0	0	0	Ð
AST PAGE ONLY: Enter (ON THE LAST) E. Also enter 0 is figure on ITEM 20 of the		Ø	G	ð-
	0	0	0	7
	SUB TOTAL	THIS PAGE OF	SCHEDULE E	\$ 0-
	LL PAGES OF SCHEDULE on ITEM 20 of the Summary		PAGE ONLY	s o